

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA
FORM

501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Will Rogers

DAYTIME TELEPHONE NUMBER

(818) 843-2211

FAX NUMBER (optional)

()

E-MAIL (optional)

Will@Rogers4Council.com

STREET ADDRESS

1525 N. Pepper St.

CITY

Burbank

STATE

CA

ZIP CODE

91505

OFFICE SOUGHT (POSITION TITLE)

City Council member

AGENCY NAME

City of Burbank - Burbank City Council

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

City of Burbank

(Name of Jurisdiction)

2015

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) Primary/general election

(Year of Election) Special/runoff election

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that

Executed on July 26, 2014
(month, day, year)

Signature _____